

CERTIFICATE OF OCCUPANCY CITY OF WAVELAND

that at the time of issuance, this structure was in compliance with the various ordinances of the City of Waveland regulating building construction or use. This Certificate is issued pursuant to the requirements of the 2012 International Codes Council certifying

Certificate #:1800017

Issued to: LEBLANC, RAY & BRIDGET

Building Address: 128 SARAH'S LN

City, State, Zip: WAVELAND, MS 39576

Issued Date: 09-25-2018

Expires: End of occupancy

Occupancy Type: R-1 SFR HOME

Sprinkler System Required: NO

Special Conditions: NONE

Building Official

81.52.6

)ate

U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

ELEVATION CERTIFICATE

OMB No. 1660-0008

Expiration Date: July 31, 2015 Important: Read the instructions on pages 1-9.

		SEC	TION	A – PROPERT	Y INFORM	ATION	FOR IN	NSURANCE COMPANY USE
A1. Building Owner's Name L	EBLANC			· · · · · · · · · · · · · · · · · · ·			Policy	Number:
A2. Building Street Address (ir 128 SARAH'S LANE	ncluding Apt.,	Unit, Suite, and/or	· Bldg. I	No.) or P.O. Rou	e and Box N	0.	Compa	any NAIC Number:
City WAVELAND				State MS	ZIP Code 3	9576	n	
A3. Property Description (Lot a PARCEL #: 161F-0-02-111.000		nbers, Tax Parcel	Numbe	er, Legal Descrip	ion, etc.)			
 A4. Building Use (e.g., Resider A5. Latitude/Longitude: Lat. 30 A6. Attach at least 2 photograph A7. Building Diagram Number A8. For a building with a crawler a) Square footage of crawn b) Number of permanent for enclosure(s) within 1 c) Total net area of flood of the diagram of the control of	1-17-20.1 Lor chs of the build 5 space or enclor dispace or enclor dood openings .0 foot above openings in Adapts	ng89-21-51.5 Hoding if the Certifications if the Certification if the Certification in the crawlspace adjacent grade 3.b Yes \(\times \) No	orizonta ate is be N/A e N/A N/A	al Datum: NA eing used to obta sq ft sq in	AD 1927 in flood insur A9. For a b a) Squ b) Nu with c) Tot d) En	rance. suilding with an attauare footage of attamber of permanentinin 1.0 foot above all net area of floodigineered flood ope	ached ga t flood op adjacent d opening nings?	arage <u>N/A</u> sq ft penings in the attached garage grade <u>N/A</u>
	SECT	ON B – FLOOD	INSU	RANCE RATE	MAP (FIRI	M) INFORMATIO	N	
B1. NFIP Community Name & 0 WAVELAND 285262	Community Nu	umber		County Name COCK			B3. Sta MS	ate
B4. Map/Panel Number 28045C 0361	B5. Suffix D	B6. FIRM Index 10/16/09	Date	B7. FIRM Effective/Rev 10/16	ised Date	B8. Flood Zone(s) VE	В9.	Base Flood Elevation(s) (Zone AO, use base flood depth)
312. Is the building located in a C Designation Date:				CBRS	OPA	ed Area (OPA)?		☐ Yes
 E1. Building elevations are based *A new Elevation Certificate w E2. Elevations – Zones A1–A30, below according to the buildin Benchmark Utilized: <u>SLV13,1</u> Indicate elevation datum used Datum used for building elevation 	on: ill be required AE, AH, A (wit g diagram spe 970 I for the eleva	Construction Dra when construction th BFE), VE, V1–V ecified in Item A7.	awings* on of the /30, V (In Pue Verti nrough I	□ Bui building is comp with BFE), AR, A rto Rico only, end cal Datum: NA\ h) below. □ NG	ding Under Oblete. R/A, AR/AE, er meters. /D 1988	Construction* AR/A1–A30, AR/A	Fir	
Datum used for building eleva	dons must be	the same as that	usea ic	or the BFE.		Check	the meas	surement used.
a) Top of bottom floor (including)b) Top of the next higher floorc) Bottom of the lowest horizodd) Attached garage (top of sla	ntal structural	member (V Zone	s only)	,	23.0 N/A. 22.0 N/A.		feet feet feet feet feet	☐ meters ☐ meters ☐ meters ☐ meters
e) Lowest elevation of machin (Describe type of equipmerf) Lowest adjacent (finished)	it and location	in Comments)	building	Į.	<u>N/A</u> . <u>8.8</u>	27	⊠ feet ⊠ feet	□ meters
g) Highest adjacent (finished) h) Lowest adjacent grade at lo	grade next to	building (HAG)	, includ	ing structural sup	<u>10.6</u>	1	⊠ feet ⊠ feet	meters meters
	SECTION	N D – SURVEY	OR, EN	IGINEER, OR	ARCHITEC	T CERTIFICATION	ON	
This certification is to be signed information. <i>I certify that the infolunderstand that any false state</i> Check here if comments ar Check here if attachments.	and sealed by ormation on the orment may be	y a land surveyor, is Certificate repre punishable by fin	engine esents r e or imp Were	er, or architect a my best efforts to prisonment unde	uthorized by interpret the 18 U.S. Coo gitude in Sec	law to certify eleva data available. de, Section 1001. tion A provided by	tion	AN GOLD ALEGE ALEG ALEG
Certifier's Name JAMES J. CHI		lager	godain raana		364 - 701 - 3871 - 3871 - 3	LS2101,PE5666		ENGINEER ON AND LAND LAND SURVEYOR
Title OWNER		Company Name		S J. CHINICHE,				SURVEYOR
Address 412 HWY. 90, SUITE		City BAY ST. LC	DUIS	State	CONTRACTOR CONTRACTOR	Code 39520		PLS-2101 - R
Signature	Mush	Date 03/04/15		Telep	none (228)	467-6755		OF MISSIS -

IMPORTANT: In these spaces, of				FOR IN	ISURANCE COMPANY USE
Building Street Address (including Apt 128 SARAH'S LANE	., Unit, Suite, and/or Bldg. No.) or P	.O. Route and Box No.		Policy	Number:
City WAVELAND	S	tate MS ZIP Code	e 39576	Compa	ny NAIC Number:
SECTION	D – SURVEYOR, ENGINEER,	OR ARCHITECT C	ERTIFICATION (CONTIN	UED)
Copy both sides of this Elevation Certi	ficate for (1) community official, (2)	insurance agent/comp	any, and (3) building	g owner.	
Comments NOTE: THE DESCRIPT FLOOD ELEVATION (BFE) IS PER M IS DETERMINED BY GRAPHIC PLOT ACROSS THE STREET FROM THE S	TTING. TBM (TEMPORARY BENCH	VERIFICATION OF (HMARK) IS TOP RIM E	BFE) BY LOCAL B BOLT BETWEEN "	BUILDING VILLE" & "	OFFICIAL. THE FLOOD ZON AL" ON FIREHYDRANT
Signature Thus	ha	Date 03/04/15	2		
SECTION E – BUILDING ELE	VATION INFORMATION (SUR	VEY NOT REQUIRE	D) FOR ZONE A	O AND	ZONE A (WITHOUT BFE)
 b) Top of bottom floor (including E2. For Building Diagrams 6–9 with (elevation C2.b in the diagrams) E3. Attached garage (top of slab) is E4. Top of platform of machinery and E5. Zone AO only: If no flood depth 	grade, if available. Check the measure the following and check the approparent grade (LAG). basement, crawlspace, or enclosure basement, crawlspace, or enclosure permanent flood openings provided of the building is	riate boxes to show when the print is a second of the print is a second	o Rico only, enter nether the elevation feet meters feet meters displayed feet meters above or below below the HAG. feet meters fin accordance with	neters. is above above above 8–9 of Ins the HAG	or below the highest adjacent e or ☐ below the HAG. e or ☐ below the LAG. tructions), the next higher floor ☐ below the HAG.
				DTIFICA	FIGN
	F – PROPERTY OWNER (OR				
The property owner or owner's authorized or Zone AO must sign here. The stater				FEMA-ISS	sued or community-issued BFE
Property Owner's or Owner's Authorize	ed Representative's Name		0		
Address		City	Stat	e	ZIP Code
Signature		Date	Tele	phone	
Comments					
Comments					
					Check here if attachmer
e local official who is authorized by law o	SECTION G - COMMUN				to Sections A. D. C. (or E.), and
this Elevation Certificate. Complete the a					
	as taken from other documentation tevation information. (Indicate the se				
	Section E for a building located in Z			nity-issued	d BFE) or Zone AO.
	s G4–G10) is provided for communit	8 8 3	UB) (MS)		w
G4. Permit Number	G5. Date Permit Issued	G6. D	ate Certificate Of C	Compliance	e/Occupancy Issued
. This permit has been issued for:	☐ New Construction ☐ Su	bstantial Improvement			
. Elevation of as-built lowest floor (incl	(1970)	fe		Datum	
. BFE or (in Zone AO) depth of flooding	ng at the building site:	🔲 fe	et meters	Datum	
0. Community's design flood elevation:	-	l fe	et meters	Datum	
		Title			
Local Official's Name		Hue			
		Telephone			
Local Official's Name Community Name Signature					

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERT	F	FOR INSURANCE COMPANY USE	
A1. Building Owner's Name Leblanc 2018-093	25 1	F	Policy Number:
A2. Building Street Address (including Apt., Unit, Su Box No.128 Sarahs Lane		Company NAIC Number:	
City Waveland	State Mississippi	3	ZIP Code 89576
A3. Property Description (Lot and Block Numbers, T Parcel 161F-0-02-111.000	ax Parcel Number, Legal De	escription, etc.)	
A4. Building Use (e.g., Residential, Non-Residential	, Addition, Accessory, etc.)	Residential	
A5. Latitude/Longitude: Lat. 30-17-20	Long. 89-21-51	Horizontal Datum:	☐ NAD 1927 区 NAD 1983
A6. Attach at least 2 photographs of the building if the	ne Certificate is being used t	o obtain flood insurar	nce.
A7. Building Diagram Number5_			
A8. For a building with a crawlspace or enclosure(s)	£		
a) Square footage of crawlspace or enclosure(s	s) sq ft		
b) Number of permanent flood openings in the o	crawlspace or enclosure(s) w	vithin 1.0 foot above ε	adjacent grade0
c) Total net area of flood openings in A8.b	0 sq in		
d) Engineered flood openings? Yes	No		
A9. For a building with an attached garage:			
a) Square footage of attached garage) saft		
b) Number of permanent flood openings in the a	Sacrification diseases.	ot above adjacent dr	ade 0
		ot above adjacent gre	ade
c) Total net area of flood openings in A9.b			
d) Engineered flood openings? ☐ Yes ☒	No		
SECTION B - FLOOD	INSURANCE RATE MAP	(FIRM) INFORMAT	ION
B1. NFIP Community Name & Community Number	B2. County Name)	B3. State
City of Waveland 285262	Hancock		Mississippi
B4. Map/Panel B5. Suffix B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)
28045C0361 D 10/16/2009	10/16/2009	VE	21
B10. Indicate the source of the Base Flood Elevation	ո (BFE) data or base flood de	epth entered in Item F	39:
☐ FIS Profile ☒ FIRM ☐ Community Dete	AND THE PROPERTY OF THE PARTY AND THE PARTY		
B11. Indicate elevation datum used for BFE in Item E	39: ☐ NGVD 1929 ⊠ NA	AVD 1988 Othe	er/Source:
B12. Is the building located in a Coastal Barrier Reso	ources System (CBRS) area	or Otherwise Protect	ted Area (OPA)? Yes X No
Designation Date:	CBRS OPA		

IMPORTANT: In these spaces, copy the corresponding info	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or Bldg 128 Sarahs Lane	. No.) or P.O. Rout	e and Box No.	Policy Number:	
City State Waveland Mississip	ZIP C	Anna Canada	Company NAIC Number	
SECTION C – BUILDING ELEVA	TION INFORMATI	ON (SURVEY RE	EQUIRED)	
 C1. Building elevations are based on: Construction Dra *A new Elevation Certificate will be required when constructions. C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, Ve, Complete Items C2.a–h below according to the building of Benchmark Utilized: GPS DERIVED 	uction of the buildin /1–V30, V (with BF	E), AR, AR/A, AR/ Item A7. In Puert	 'AE, AR/A1–A30, AR/AH, AR/AO.	
Indicate elevation datum used for the elevations in items ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source Datum used for building elevations must be the same as	a) through h) below e:			
		26.5	Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace,	or enclosure floor)	26. 5 N/A		
b) Top of the next higher floor	7	24. 3	X feet meters	
 c) Bottom of the lowest horizontal structural member (V Z d) Attached garage (top of slab) 	zones only)	<u></u> <u>N/A</u> .	X feet meters meters	
e) Lowest elevation of machinery or equipment servicing	the building	N/A	X feet meters	
(Describe type of equipment and location in Comment	s)		[A] leet [] meters	
f) Lowest adjacent (finished) grade next to building (LAC	6)	<u> </u>	X feet meters	
g) Highest adjacent (finished) grade next to building (HA	G)	11. 8	x feet meters	
 h) Lowest adjacent grade at lowest elevation of deck or s structural support 	stairs, including	N/A.	X feet meters	
SECTION D – SURVEYOR, ENG	INEER, OR ARC	HITECT CERTIFI	CATION	
This certification is to be signed and sealed by a land surveyor I certify that the information on this Certificate represents my be statement may be punishable by fine or imprisonment under 1 Were latitude and longitude in Section A provided by a license	est efforts to interp 8 U.S. Code, Secti	ret the data availa on 1001. —	law to certify elevation information. ble. I understand that any false Check here if attachments.	
1948 B				
	ense Number i. 19732		AND ASSOCIATION P. C.	
Title Project Manager			JASON P. CALLAR SENSED PROPERTY OF THE PROPERT	
Company Name James J Chiniche PA INC			11S JONAT	
Address 412 HWY 90 Suite 2			19732 RE	
City Sta Bay St. Louis Mis	te sissippi	ZIP Code 39520	MISSISS	
Lator Current 11.	26/2018	Telephone (228) 467-6755		
Copy all pages of this Elevation Certificate and all attachments for		cial, (2) insurance a	agent/company, and (3) building owner.	
Comments (including type of equipment and location, per C2(e NOTE: The description in A3 above is for information only & not Map Section B4. Recommend verification of (BFE) by local but responsible for coordinating this certificate with contractor and EL: 12.9	ot to certify the build	flood zone is deter	rmined by graphic plotting, owner is	

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION						RANCE COMPANY USE
A1. Building Owner's Name						ber:
Leblanc	2018-253					
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 128 Sarahs Lane Company NAIC Number:						IAIC Number:
City	Tradition of the constitution of the second section of the second		State		ZIP Code	
Waveland			Mississippi		39576	
A3. Property Description (Lot a Parcel 161F-0-02-111.000	and Block Numbers, Tax	Parce	l Number, Legal De	escription, etc.)		
A4. Building Use (e.g., Reside	ntial, Non-Residential, A	ddition	, Accessory, etc.)	Residential		
A5. Latitude/Longitude: Lat.	30-17-20 I	Long. 8	9-21-51	Horizontal Datum	n: NAD 1	1927 X NAD 1983
A6. Attach at least 2 photogra	ohs of the building if the	Certific	cate is being used to	o obtain flood insura	ance.	
A7. Building Diagram Number	6					
A8. For a building with a crawl	space or enclosure(s):					₹*
 a) Square footage of craw 	dspace or enclosure(s)		210 sq ft			
b) Number of permanent f	lood openings in the cra	wlspac	ce or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade0
c) Total net area of flood of	ppenings in A8.b0		sq in			
d) Engineered flood openi	ngs? 🗌 Yes 🗵 No)				
A9. For a building with an attac	hed garage:					
a) Square footage of attac	hed garage0	and the control of the control	sq ft			
b) Number of permanent f	lood openings in the atta	ached (garage within 1.0 fo	ot above adjacent o	grade	0
c) Total net area of flood of	penings in A9.b	0	sq in		W illem to some	
d) Engineered flood openi	•		-0			
S	ECTION B - FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMA	TION	-
B1. NFIP Community Name & (Community Number		B2. County Name			B3. State
City of Waveland 285262			Hancock			Mississippi
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	E	IRM Panel ffective/	B8. Flood Zone(s	(Zo	se Flood Elevation(s) ne AO, use Base od Depth)
28045C0361 D	10/16/2009		evised Date 5/2009	VE	21	od Deptil)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:						
☐ FIS Profile ☒ FIRM	Community Determ	ined [Other/Source:			
B11. Indicate elevation datum	used for BFE in Item B9	: 🔲 N	GVD 1929 🔀 NA	√VD 1988 ☐ Ot	her/Source:	
B12. Is the building located in a	a Coastal Barrier Resou	rces S	ystem (CBRS) area	or Otherwise Prote	ected Area (0	DPA)? ☐ Yes ☒ No
Designation Date:		BRS	☐ OPA			

IMPORTANT: In these spaces, copy the corresponding information from	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.	Policy Number:			
128 Sarahs Lane				
City State	ZIP Code	Company NAIC Number		
Waveland Mississippi	39576			
SECTION C - BUILDING ELEVATION INFO	RMATION (SURVEY R	EQUIRED)		
C1. Building elevations are based on: Construction Drawings*	Building Under Constru	uction* X Finished Construction		
*A new Floyation Certificate will be required when construction of th	e building is complete.			
- 14 A20 AE ALL A (with DEE) VE V1 V30 V	(with REE) AR AR/A AR	/AE, AR/A1-A30, AR/AH, AR/AO.		
Complete Items C2.a—h below according to the building diagram sp	ecified in Item A7. In Puer Datum: NAVD88	to Rico only, enter meters.		
Indicate elevation datum used for the elevations in items a) through				
	11) DOIO11.			
☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: Datum used for building elevations must be the same as that used f	or the BFE.			
Datum used for building elevations must be the same as that assay.		Check the measurement used.		
 a) Top of bottom floor (including basement, crawlspace, or enclosu 	re floor) <u>26</u> . <u>5</u>	x feet meters		
b) Top of the next higher floor	<u>37</u> . <u>7</u>	X feet meters		
	24.3	X feet meters		
c) Bottom of the lowest horizontal structural member (V Zones only	N/A			
d) Attached garage (top of slab)	26 1			
 e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 	ıy:			
f) Lowest adjacent (finished) grade next to building (LAG)	10. 5	feet meters		
g) Highest adjacent (finished) grade next to building (HAG)	11.8	x feet meters		
h) Lowest adjacent grade at lowest elevation of deck or stairs, inclustructural support	uding N/A,	x feet meters		
SECTION D - SURVEYOR, ENGINEER, (OR ARCHITECT CERTI	FICATION		
	s as architect authorized h	by law to certify elevation information.		
This certification is to be signed and sealed by a land surveyor, enginee I certify that the information on this Certificate represents my best efforts statement may be punishable by fine or imprisonment under 18 U.S. Co	de, Section 1001.			
Were latitude and longitude in Section A provided by a licensed land su	rveyor? A Yes LINO	Check here if attachments.		
Certifier's Name License Num	ber	.4418888882		
Jason P Chiniche P.E. 19732	2	MISSISSISSISSISSISSISSISSISSISSISSISSISS		
Title		THE SOLUTION OF THE SECOND OF		
Project Manager		Placeen of H		
Company Name		Seal A		
James J Chiniche PA INC		Here		
Address		19732		
412 HWY 90 Suite 2		The state of the s		
City State Bay St. Louis Mississippi	ZIP Code 39520	MISSIS III		
Signature Date 05/25/2018	Telephone (228) 467-6755			
	Commence of the second commence of			
Copy all pages of this Elevation Certificate and all attachments for (1) com	munity official, (2) insurance	ce agent/company, and (3) building owner		
Comments (including type of equipment and location, per C2(e), if appli NOTE: The description in A3 above is for information only & not to certi Map Section B4. Recommend verification of (BFE) by local building off responsible for coordinating this certificate with contractor and/or building EL: 12.9 C2e. is mechanical air handler unit.	ty the building location. I			

IMPORTANT: In these spaces, copy the corresponding information	on from Section A.	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) 128 Sarahs Lane	or P.O. Route and Box No.	Policy Number:				
City State	ZIP Code	Company NAIC Number				
Waveland Mississippi	39576					
SECTION E – BUILDING ELEVATION INF FOR ZONE AO AND ZO	FORMATION (SURVEY NOT DNE A (WITHOUT BFE)	REQUIRED)				
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B,and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters. E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below						
E1. Provide elevation information for the following and check the app the highest adjacent grade (HAG) and the lowest adjacent grade a) Top of bottom floor (including basement,	propriate boxes to show whether (LAG).	er the elevation is above or below				
crawlspace, or enclosure) is	feet mete	rs 🔲 above or 🔲 below the HAG.				
b) Top of bottom floor (including basement, crawlspace, or enclosure) is	feet mete	rs above or below the LAG.				
E2. For Building Diagrams 6–9 with permanent flood openings provide	ded in Section A Items 8 and/or	9 (see pages 1–2 of Instructions),				
the next higher floor (elevation C2.b in the diagrams) of the building is	feet mete					
E3. Attached garage (top of slab) is		rs above or below the HAG.				
E4. Top of platform of machinery and/or equipment servicing the building is	feet mete	rs 🔲 above or 🔲 below the HAG.				
E5. Zone AO only: If no flood depth number is available, is the top of floodplain management ordinance?	the bottom floor elevated in accordance. The local official must	coordance with the community's certify this information in Section G.				
SECTION F - PROPERTY OWNER (OR OWN	NER'S REPRESENTATIVE) C	ERTIFICATION				
The property owner or owner's authorized representative who comple community-issued BFE) or Zone AO must sign here. The statements	etes Sections A. B. and F for Z	one A (without a FEMA-issued or				
	55515.157 (5) 4116 2 415 60					
Property Owner or Owner's Authorized Representative's Name						
Address	City S	tate ZIP Code				
Signature	Date T	elephone				
Comments						
		8				
*						
8						

IMPORTANT: In these spaces, copy the corre	esponding information fr	om Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, St	uite, and/or Bldg. No.) or P	.O. Route and Box No.	Policy Number:
128 Sarahs Lane			
City	State	ZIP Code 39576	Company NAIC Number
Waveland	Mississippi		
	ON G - COMMUNITY INFO		
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complete the ter meters.	applicable item(s) and s	ign below. Check the measurement
G1. The information in Section C was takengineer, or architect who is authorized taken in the Comments area below.)	ed by law to certify elevati	on information. (Indicate	e the source and date of the elevation
or Zone AO.			EMA-issued or community-issued BFE)
G3. The following information (Items G4-	G10) is provided for comn		
G4. Permit Number	G5. Date Permit Issued	Ge	Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction S	ubstantial Improvement	
G8. Elevation of as-built lowest floor (including of the building:			eet meters Datum
G9. BFE or (in Zone AO) depth of flooding at	the building site:		eet meters Datum
G10. Community's design flood elevation:			eet meters Datum
Local Official's Name	1	Title	
Community Name	٦	elephone	
Signature	, [Date	
Comments (including type of equipment and loa	cation, per C2(e), if application	able)	
	0.00m/graficostation (10 feb. 10 feb.		
			☐ Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces,	copy the corresponding information	from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (includin 128 Sarahs Lane	Policy Number:		
City	State	ZIP Code	Company NAIC Number
Waveland	Mississippi	39576	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

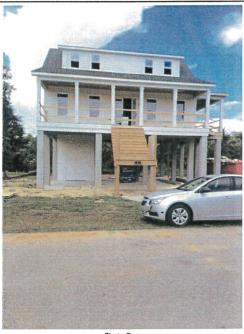


Photo One

Photo One Caption FRONT



Photo Two

Photo Two Caption BACK

CERY CLERY C

ON-CONVERSION AGREEMEN Linothy A Kellar

with

CITY OF WAVELAND, MISSISSIPPI

or ed at at the se		9/14/1	Michael	18		
PECLARA RAY	TION made this _ E . LeBla	day of _	(OWNER) having an	20 (), address at 128	SARAH	S /IN.
					velAND, P	

WHEREAS, the Owner is the record owner of all that real property located at 128 Sarahslane 39576

In the City of Waveland, MS, in the County of Hancock, designated in the Tax Records as 1616-0-02-111.000.

WHEREAS, the Owner has applied for a permit to place a structure on that property that has an enclosed area below the base flood elevation constructed in accordance with the requirements of Article No. 5, Section "B" paragraph 5 of Waveland Floodplain Management Ordinance of Number 342 and under Permit Number 180014

WHEREAS, the Owner agrees to record this DECLARATION and certifies and declares that the following covenants, conditions and restrictions are placed on the affected property as a condition of granting the Permit, and affects rights and obligations of the Owner and shall be binding on the Owner, his heirs, personal representatives, successors, future owners, and assigns.

UPON THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:

- 1. The structure or part thereof to which these conditions apply is:
- 2. At this site, the Base Flood Elevation is VE-21 feet above mean sea level, National Geodetic Vertical Datum.
- 3. Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited storage, or access to the building. All interior walls, ceilings and floors below the Base Flood Elevation shall be unfinished or constructed of flood resistant materials. Mechanical, electrical or plumbing devices shall not be installed below the Base Flood Elevation.
- The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain equipped with openings as shown on the Permit.
- The jurisdiction issuing the Permit and enforcing the Ordinance may take any appropriate legal action to correct any violation. Any alterations or changes from these conditions also may render the structure uninsurable or increase the cost for flood insurance.
- 6. A duly appointed representative of the City is authorized to enter the property for the purpose of inspecting the exterior and interior of the enclosed area to verify compliance with this Declaration. Such inspections will be conducted upon due notice to the Owner and no more frequently than once each year. More frequent inspections may be conducted if an annual inspection discovers a violation of the Permit.
- 7. Other conditions:

who acknowledged that He

above and foregoing instrument.

executed the

Timothy A. Kellar Chancery Clerk By: Millio Chancery Commission Expires Dec. 31, 2019

V-ZONE CERTIFICATE

Name: Ray and Bridget Leblanc

Policy Number (Insurance Co. Use):

Building Address or

Other Description:128 Sarah's Lane Parcel ID 161F-0-02-111.000

City: Waveland

State: Mississippi

Zip Code: 39576

SECTION I: Flood Insurance Rate Map (FIRM) Information

Community Number: 285262 Panel Number: 28045C0361 Suffix:D Date of FIRM Index: 10/16/09 FIRM Zone: VE 21

SECTION II: Elevation Information

Note: This Certificate does not substitute for an Elevation Certificate

1.	Elevation of the Bottom of Lowest Horizontal Structural Member	23.0	* feet (NAVD)
2.	Base Flood Elevation (BFE)	21.0	feet (NAVD)
3.	Elevation of Lowest Adjacent Grade	8.8	feet (NAVD)
4.	Approximate Depth of Anticipated Scour/Erosion used for Foundation Design	. 1.0	feet
5.	Embedment Depth of Pilings or Foundation Below Lowest Adjacent Grade	3.0	feet 🔥
	SECTION III: V-Zone Certification Statement		

SECTION III: V-Zone Certification Statement

Note: This section must be certified by a registered engineer or architect

I certify that I have developed or reviewed the structural design, plans, and specifications for construction and that the design and methods of construction to be used are in accordance with accepted standard of practice for meeting the following provisions:

- The bottom of the lowest horizontal structural member of the lowest floor (excluding piles and columns) is elevated to or above the BFE; and
- The pile and column foundation and structure attached thereto is anchored to resist flotation, collapse, and lateral movement due to the effects of the wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood. Wind loading values used are those required by the applicable State or local building code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

SECTION IV: Breakaway Wall Certification Statement Note: This section must be certified by a registered engineer or architect When breakaway walls exceed a design safe loading resistance of 20 pounds per square foot

I certify that I have developed or reviewed the structural design, plans, and specifications for construction and that the design and methods of construction to be used for the breakaway walls are in accordance with accepted standards of practice for meeting the following provisions:

- Breakaway wall collapse shall result from a water load less than that which would occur during the base flood; and
- The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the effects of wind and water loads acting simultaneously on all building components (wind and water loading values to be used are defined in Section III).

SECTION V: Certification

Signature below certifies: X Section III; Section IV

Certifiers Name: Stuart Williamson, P.E., C.F.M.

Company Name:

Title: Civil Engineer

License Number: 13199

Compass Floodplain Consultants, LLC

Address: P.O. Box 3145

State: Mississippi

City: Bay St Louis

Date: 12/03/17

Telephone Number: (228)

Design and Construction Certification

Home Builders Guide to Coastal Construction